

Kansas Commission for the Deaf and Hard of Hearing
915 SW Harrison St., 9-N DSOB, Topeka, KS 66612
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REQUEST FOR APPROVAL OF CONTINUING EDUCATION PROGRAM

Application Date ____/____/____

<p>Purpose: This form is to be used by providers to request approval of proposed continuing education programs for which participants would receive credit hours to satisfy KCDHH/Kansas Quality Assurance Screening (KQAS) requirements. Instructions: Submit this form at least 30 days prior to the program for which CEU approval is requested. COMPLETE THIS FORM in its entirety. All information must be in compliance with the KCDHH CEU policy. Mail to address shown above or email. Scanned copies permitted.</p>					
Program provider (institution, organization or persons)					
Name (person submitting application):			Contact Information: (Telephone Number/email address)		
Program Title					
Name of Instructor(s) include instructor's resume to show education, experience and expertise to provide this activity.					
<p>Are any of the instructors applying for CEU for time expended during this activity? Yes No</p>					
Provide description of the program (attach additional pages if needed)					
Educational Objectives (list specific objectives which participants will demonstrate comprehension of information presented)					
Evaluation and Assessment Methods (how will the program be evaluated to assure satisfactory completion and comprehension of such program. Please include a copy of the evaluation form).					
Target Audience:					
Instructional Level of this Program is: ____ Beginner ____ Introductory ____ Intermediate ____ Advanced					
Program Location (Name, Address, City, State, Zip Code)					
Is this event opened to the public? ____Yes ____No					
Do you want this posted on the KS-Deaf-HH list serv? ____ Yes ____No					
Date(s) of Program		Start and Ending Time of Program		Total Hours (proposed CEU hours)	
Signature of Applicant				Date	
FOR OFFICE USE ONLY					
Date received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Amount of CEUs	Form Complete	Approved by	Date Notified and Initials